

| CLAIMS ONLY | | | | | | | Application Number 10-700787 | | Filing Date 7-1-05 | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-----------------------|--------|--|
| | | | | | | | Applicant(s) | | | | |
| | | | | | | | * May be used for additional claims or amendments | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | |
| 1 | / | / | | | | | | | | | |
| 2 | | / | | | | | | | | | |
| 3 | | / | | | | | | | | | |
| 4 | | / | | | | | | | | | |
| 5 | | / | | | | | | | | | |
| 6 | / | / | | | | | | | | | |
| 7 | | / | | | | | | | | | |
| 8 | | / | | | | | | | | | |
| 9 | | / | | | | | | | | | |
| 10 | | / | | | | | | | | | |
| 11 | | / | | | | | | | | | |
| 12 | | / | | | | | | | | | |
| 13 | | / | | | | | | | | | |
| 14 | | / | | | | | | | | | |
| 15 | | / | | | | | | | | | |
| 16 | | / | | | | | | | | | |
| 17 | | / | | | | | | | | | |
| 18 | | / | | | | | | | | | |
| 19 | | / | | | | | | | | | |
| 20 | | / | | | | | | | | | |
| 21 | | / | | | | | | | | | |
| 22 | | / | | | | | | | | | |
| 23 | | / | | | | | | | | | |
| 24 | | / | | | | | | | | | |
| 25 | | | | | | | | | | | |
| 26 | | | | | | | | | | | |
| 27 | | | | | | | | | | | |
| 28 | | | | | | | | | | | |
| 29 | | | | | | | | | | | |
| 30 | | | | | | | | | | | |
| 31 | | | | | | | | | | | |
| 32 | | | | | | | | | | | |
| 33 | | | | | | | | | | | |
| 34 | | | | | | | | | | | |
| 35 | | | | | | | | | | | |
| 36 | | | | | | | | | | | |
| 37 | | | | | | | | | | | |
| 38 | | | | | | | | | | | |
| 39 | | | | | | | | | | | |
| 40 | | | | | | | | | | | |
| 41 | | | | | | | | | | | |
| 42 | | | | | | | | | | | |
| 43 | | | | | | | | | | | |
| 44 | | | | | | | | | | | |
| 45 | | | | | | | | | | | |
| 46 | | | | | | | | | | | |
| 47 | | | | | | | | | | | |
| 48 | | | | | | | | | | | |
| 49 | | | | | | | | | | | |
| 50 | | | | | | | | | | | |
| Total Indep | 1 | | | | | | | | | | |
| Total Depend | 23 | | | | | | | | | | |
| Total Claims | 24 | | | | | | | | | | |
| 51 | | | | | | | | | | | |
| 52 | | | | | | | | | | | |
| 53 | | | | | | | | | | | |
| 54 | | | | | | | | | | | |
| 55 | | | | | | | | | | | |
| 56 | | | | | | | | | | | |
| 57 | | | | | | | | | | | |
| 58 | | | | | | | | | | | |
| 59 | | | | | | | | | | | |
| 60 | | | | | | | | | | | |
| 61 | | | | | | | | | | | |
| 62 | | | | | | | | | | | |
| 63 | | | | | | | | | | | |
| 64 | | | | | | | | | | | |
| 65 | | | | | | | | | | | |
| 66 | | | | | | | | | | | |
| 67 | | | | | | | | | | | |
| 68 | | | | | | | | | | | |
| 69 | | | | | | | | | | | |
| 70 | | | | | | | | | | | |